STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155253	A. BUILDING 00 B. WING	06/02/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWOOD HEALTH PAVILION	2455 TAMARACK TRAIL BLOOMINGTON, IN47408

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F0000	This visit was for the Investigation of Complaint IN00091394. Complaint IN00091394 substantiated. State deficiency related to the allegation is cited at 9999. Survey date: 06/02/11 Facility number: 000156 Provider number: 155253 AIM number: N/A Survey team: Sharon Whiteman RN Census bed type: SNF: 23 NCC: 36 Total: 59 Census payor type: Medicare: 18 Other: 41 Total: 59	F0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F9999	Sample: 03 This State finding is cited in accordance with 410 IAC 16.2. Quality review completed 6/6/11 Cathy Emswiller RN State Findings: The facility must have evidence that all alleged violations are thoroughly investigated and must prevent further potential abuse while the investigation is in progress THIS STATE RULE WAS NOT MET AS EVIDENCED BY: Based on interview and record review, the facility failed to ensure a thorough investigation was completed for 1 of 1 Resident reviewed for an abuse allegation in a sample of 3. (Resident #A) Findings Include:	F9999	F9999 Facility Position: The facility has, and had at the time of survey, policies and procedures in place to assure compliance with rules regarding all alleged violations are thoroughly investigated and must prevent further potential abuse while the investigation is in progress. Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with federal and/or state law. 1. For Resident #1: Meadowood nursing staff attempted to assess resident for potential injuries due to reported incident. Resident refused assessment. Meadowood Social	07/01/2011

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	On 06/02/11 at 11:00 a.m. a copy of a "Facility Incident Reporting Form" was provided by the Administrator. The form indicated, "Incident Date: 05/31/11...Incident Time: Reported around 10:30 a.m.....Resident Involved (Resident #A)....Brief Description of Incident: (Resident's age in year) Long Term Care resident reported to personal caregiver and CNA that she was raped....No apparent injuries noted. Immediate Action Taken: Personal care giver did a peri check and found no redness, bruising or other signs of trauma. Social worker interviewed resident for additional information and to offer assistance. Resident refused to go to hospital or be seen by MD. RN and LPN did a second interview and requested to examine peri area. Resident refused check and again refused to go to the hospital. Family notified. Resident doctor and facility Medical Director		Worker advised resident and family that a trip to the Emergency Room was recommended. Both resident and family declined. Instead, resident and family requested Resident #1 be examined by Kay Fields, NPRH. Resident was seen by co-medical director, Kay Fields, NPRN for a medical assessment. 2. All residents have the potential to be affected as all residents are at risk for incidents. Inservice training will be conducted to assure Health Pavilion employees know the proper steps needed to work through a complete and thorough complaint investigation. A new binder of investigation tools will be provided for easy access to employees in the event an investigation is warranted. 3. Measures or systemic changes put in place have been: Health Pavilion management staff received Abuse/Incident inservice provided by corporate office on 06/14/2011 and 06/17/2011. Training included areas on what requires an investigation, what is required during an investigation and completing a thorough investigation, including interview techniques of staff, witnesses and other residents (Exhibit A). Abuse/Incident binders have been assembled including Incident Investigation procedures and forms	

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	notified. Facility and family have requested physical examination by resident MD or NP (Nurse Practitioner) as soon as possible.....Facility Incident Follow-up...Facility conducted an investigation and found the self reported incident .to be unsubstantiated. Factors leading to this conclusion include: (Resident #A) was examined by facility staff and facility Co-Medical Director....RNNP (Registered Nurse Practitioner and no physical evidence of abuse was identified. There was no redness, swelling or bruising of area. Meadowood currently has no male nursing personnel currently on staff and there are no male residents who are currently able to ambulate (walk) themselves. The resident's diagnosis of dementia and chronic history of confusion and delusions in conjunction with the resident's report of the incident differing with multiple interviews. A "Suspected Abuse Reporting		necessary to complete a through investigation. Binders were placed at both nurses station and in the Administrator's office on 06/17/2011. Inservices will be held for Health Pavilion Staff to retrain on the proper investigation process, on what requires an investigation and how to best utilize the Abuse/Incident binders. Insevices will begin on or around 6/21/2011 and be completed by 06/30/2011. 4. Administrator or designee will continue to oversee and monitor investigations making sure necessary tools are used and interviews are properly conducted in order to complete a final and thorough investigation. Administrator or designee will review final investigation documentation and work with nursing management, executive director and other necessary management members to assure the investigation is complete and draw appropriate and necessary conclusion. Results and conclusions drawn from investigations will be shared and addressed at bi-monthly Quality of Life Risk Management meetings and Quarterly QA meetings by Administrator. 5. The isolated deficiency will be corrected 07/01/2011.	

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	Tool," signed by the Social Services Director (SSD) on 06/01/11 indicated, "In (Resident #A's) room into the early morning hours of 5/31/11 (Resident #A) informed CNA (#1) that she (Resident #A) had been raped. SSD interviewed (Resident #A) after nurse (LPN #1) informed (SSD) of incident. (Resident #A) stated she was asleep and a man woke her up, told her not to say anything and she implied that she was raped...Res was examined by (NP). (No) injuries were found to peri area. Res stated to (NP) that she was unsure if abuse had occurred....Based on information gathered, the self reported incident is not substantiated. There were 3 physical examinations performed with no indication of bruising or trauma....." Interview of the SSD on 06/02/11 at 11:00 a.m. indicated she was informed by LPN #1 that CNA #1 had informed her that Resident #A had said she (Resident #A) had been raped. SSD indicated CNA #1			

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	reported when she went into the resident's room she noted the brief the resident had been wearing was laying on the floor. SSD indicated she was not sure how the brief got on the floor. SSD indicated she immediately interviewed Resident #A and was told by the resident that a man had entered the resident's room and tried to pull the resident's blankets off. The SSD indicated Resident #A "implied" she was raped by saying "He did what he did." SSD indicated the resident refused to go to the hospital and did not appear to be in any distress. The SSD indicated she had nursing interview the resident about 30 minutes and she told them 2 men raped her 2 or 3 nights ago. The SSD indicated the resident refused for nursing to examine her but allowed her home companion to examine her. The SSD indicated Resident #A previously lived in an independent apartment and at one time told that a car smashed into her apartment and it had not happened.			

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	During initial tour of the facility on 06/02/11 at 9:30 a.m. with the Director of Nursing (DON) present, Resident #C (who lived next door to Resident #A) was identified as being reliable for interview). Several other residents on the hall and adjoining hall were also identified as being reliable for interview. Interview of the SSD on 06/02/11 at 11:00 a.m. indicated she had not interviewed any other residents regarding the day of the alleged incident. Interview of LPN #1 on 06/02/11 at 11:20 a.m. indicated as soon as CNA 1 reported Resident #A's allegation of rape, she (LPN #1) went to the resident's room and interviewed her. LPN #1 indicated the personal care giver came right in and the resident allowed her to examine her and no evidence of injury was found. LPN #1 indicated the only explanation she could think of for the brief to be in the floor was that night shift had			

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	left it there. LPN #1 indicated she reported the incident to the SSD. Interview of CNA #1 on 06/02/11 at 11:26 a.m. indicated Resident #A had put her call light on at around 8:05 a.m. and she went to the room to answer the call light and found a soaked brief on the floor. CNA #1 indicated the resident told her she had been raped. CNA #1 indicated the resident gets mixed up and sometimes thinks she is supposed to be at a meeting and says a limousine is waiting for her. CNA #1 indicated the personal care giver came in and she (CNA #1) went directly and reported the allegation to the charge nurse. CNA #1 indicated she did not know how the wet brief got on the floor, but it was probably left by night shift. CNA #1 indicated Resident #A's knees are contracted "in." CNA #1 indicated she was not sure whether or not the resident could remove her own brief. Interview of the DON on 06/02/11			

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	at 1:45 p.m. indicated no one had questioned how the wet brief got on the floor until this morning (06/02/11). The DON indicated she called CNA #2 (often works hall Resident #A resided on) and was told by CNA #2 that Resident #A could remove her own brief and throw it in the floor. Interview of the Administrator on 06/02/11 at 2:00 p.m. indicated other resident's were not interviewed but normally anytime there is an abuse or care concern we do interview other residents. Review of Resident #A's clinical record on 06/02/11 at 10:00 a.m. indicated the following: Resident #A had diagnoses which included, but were not limited to, degenerative joint disease and pain in both knees and Dementia. A quarterly MDS (minimum data set) assessment, dated 04/22/11, indicated Resident #A had impaired			

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	memory and disorganized thinking, required extensive assistance of staff with toileting and hygiene, and had periods of confusion. A policy titled "Abuse Prohibition and Prevention Program" was provided by the Administrator on 06/02/11 at 11:40 a.m. The policy indicated, "It is the policy of this Facility to: Maintain the rights of all residents to be free from abuse, neglect and mistreatment - Provide a mechanism for prompt identification, reporting and investigation of any allegation and/or reasonable suspicion of abuse, or complaint by a resident (or others) of abuse - The Facility will conduct a prompt investigation of complaints or allegations of abuse, neglect or misappropriation of property and will provide notification and the release of information to the proper authorities, according to state and federal regulations and Five Start Quality Care practice guidelines....A designated staff			

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	member of the facility will conduct and complete an internal investigation...." This State finding relates to Complaint IN00091394. 3.1-28(d)			